51-29-d

ARTHROCARE CORPORATION 595 N. Pastoria Avenue Sunnyvale, CA 94086 (408) 736-0224

PATENT APPLICATION ASSISTANT COMMISSIONER FOR PATENTS

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"Express Mail" Label No. EF414906175US  Date of Deposit January 25, 2001  I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents Washington, D.C. 20231	Atty. Docket No. C-11	인	量	
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United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents Washington, D.C. 20231	Date of Deposit January 25, 2001	11.8		/52/
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Washington, D.C. 20231	to Addressee" service under 37 CFR 1.10 o indicated above and is addressed to:			
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Transmitted herewith for filing is the [] patent application, [] design patent application, [X] continuation-in-part patent application of

Inventor(s): JAMES L. PACEK, HIRA V. THAPLIYAL, PHILIP E. EGGERS

## Fof SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE

[X] This application claims priority from each of the following Application Nos./filing dates:

60/182,751 / February 16, 2000; 09/162,117 / September 28, 1998; 08/977,845 / November 25, 1997;

08/562,332 / November 22, 1995; 09/041,934 / March 13, 1998; 08/990,374 / December 15, 1997;

(Col. 2)

NO. EXTRA

\* 51

-20=

-3=

08/485,219 / June 7, 1995; 08/059,681 / May 10, 1993

H Enclosed are:

FOR:

TOTAL CLAIMS

INDEP CLAIMS

**BASIC FEE** 

sheet(s) of [ ] formal [X] informal drawing(s).

[X] An assignment of the invention to ArthroCare Corporation

[X] A [X] signed [] unsigned Declaration & Power of Attorney.

(Col. 1)

NO. FILED

[] A[] signed [] unsigned Declaration.

[ ] A Power of Attorney by Assignee.

[XI Applicant claims the benefit of Small Entity Status.

[] Information Disclosure Statement under 37 CFR 1.97.

[X] The filing fee has been calculated as shown below:

71

[ ] MULTIPLE DEPENDENT CLAIM PRESENTED

SMALL ENTITY				
RATE	FEE	OR		
	\$355	OR		
X9=	\$459	OR		
x40=	\$120	OR		
+130=	\$	OR		
TOTAL	\$934	OR		

## OTHER THAN A SMALL ENTITY

RATE	FEE
100	\$710
X18=	\$
X80=	\$
+260=	\$
TOTAL	\$

Please charge Deposit Account No. 50-0359 as follows:

[X] Filing fee

[X] Any additional fees associated with this paper or during the pendency of this application

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$\_ is enclosed. extra copies of this sheet are enclosed.

Respectfully submitted,

ARTHROCARE CORPORATION

Telephone: (408) 736-0224 Facsimile: (408) 736-0226 John T. Raffle

Reg. No.: 38,585

\$ 934.00

<sup>\*</sup> If the difference in Col. 1 is less than zero, enter "0" in Col. 2